

CUSTOMER PROPOSAL SHEET

| | | | | | | | |
|--------------------------------|--------|---------------|--|-------------------------|-----------|---------------------|-----------------------------|
| Branch | SANGLI | Spoke | | Channel | DIRECT | Channel Name & Code | |
| Total Live a/c of this Channel | 0 | O.D % & 60+ % | | File Srcd. By Desgn. | SO | File Sourced By | NITIN GAJANAN BEDGE EQN171: |
| Total Live a/c of SO/SSO | 129 | O.D % & 60+ % | | Proposal Type | REFINANCE | Dealer Name | |
| Branch ED % (6 months) | | | | Branch ED % (12 months) | | | |

Borrower Details

| Applicant Details | | | | | | | | | |
|-------------------|---------|---------------|------------------------------|---------|---|---------------|-------------|---|------------|
| Application No. | 483477 | Name | SHRIMANT HANUMANT SHINDE SHS | Gender | MALE | Date of Birth | 05-Apr-1972 | Mobile No. | 9850075855 |
| Martial Status | MARRIED | Father's Name | HANUMANTDOULATSHINDE | Address | RAMNAGAR, JAYSINGPUR TAL. SHIROL, DIST. KOLHAPUR JAYSINGPUR KOLHAPUR MAHARASHTRA - 416101 | | | Is Applicant our Existing Hirer/Co-app/ GTR | |

| Co-Applicant Details | | | | | | | |
|----------------------|---|---------------|-------------|-----------------------------|------------|--|-----------------------|
| Name | PRAVIN SHRIMANT SHINDE | Date of Birth | 06-May-1995 | Mobile No. | 9011935858 | Father's Name | SHRIMANTHANMANTSHINDE |
| Address | RAMNAGAR, JAYSINGPUR TAL. SHIROL, DIST. KOLHAPUR JAYSINGPUR KOLHAPUR MAHARASHTRA - 416101 | | | Relationship with Applicant | Son | Is Co-Applicant our Existing Hirer/Co-app/ GTR | |

| Gurantor Details | | | | | | | |
|------------------|----------------|---------------|--|-----------------------------|--|--|--|
| Name | NOT APPLICABLE | Date of Birth | | Mobile No. | | Father's Name | |
| Address | | | | Relationship with Applicant | | Is Gurantor our Existing Hirer/Co-app/ GTR | |

| Profile of Customer | | | | | |
|---------------------|---------------|--|--|------------------|-------|
| Profile | NON-STRATEGIC | | | Vehicle Category | LCATA |

| Valuation Details | | | | | | | | | |
|-------------------|--------------------------|------|-------------|--------|-----------|------------|-----------|---------------|-----------|
| Valuation By | RAMACHANDRA SHIVAJIPAWAR | Date | 03-Jan-2019 | Amount | 530000.00 | Grid Value | 505031.00 | Cost of Asset | 530000.00 |

| KYC Details | | | | | |
|-----------------------------|------------------------|------------------------|--------------|--------------------------|----|
| Name of Address Proof Encl. | PAN CARD, AADHAAR CARD | Name of ID Proof Encl. | AADHAAR CARD | Has the Original Checked | NA |

| CIBIL Details | | | | | |
|---------------|---|--------------|----------|-----------------|--|
| CIBIL Score | 1 | CIBIL Status | Positive | CIBIL OD if any | |

| New Vehicle Documents | | | | | | | |
|-----------------------|--|----------------------|--|-------------------|--|--------------------------|--|
| Proforma Invoice Amt | | Margin Money Receipt | | Dealer Inc Amount | | Dealer Executive Inc Amt | |

| Other Details | | | | | |
|--------------------------------------|----|---------------------------------------|----|---|-----|
| Applicant | | | | | |
| Any Property Owned By | NA | Have we Collected Property Proof | NA | Does Applicant have free vehicle | Yes |
| Working in Pvt/ Public/ Govt. Sector | NA | Have we Collected Copy of Salary Slip | No | Original Prop. Doc taken as addtnl collateral | NA |

Co-Applicant

| | | | | | |
|---|-----|--|----|--|----|
| Any Property Owned By | na | Have we Collected Property Proof | NA | Does Applicant have free vehicle | No |
| Working in Pvt/ Public/ Govt. Sector | NAN | Have we Collected Copy of Salary Slip | No | Original Prop. Doc taken as addtnl collateral | NA |

Gurantor

| | | | | | |
|---|----|--|----|--|----|
| Any Property Owned BNY | NA | Have we Collected Property Proof | NA | Does Applicant have free vehicle | No |
| Working in Pvt/ Public/ Govt. Sector | NA | Have we Collected Copy of Salary Slip | No | Original Prop. Doc taken as addtnl collateral | NA |

Asset Details

| | | | | | | | |
|-----------------------------------|---------------------------|---|-------------|---|---|---|----------------------------|
| Source of purchase of the vehicle | Refinance | Source of Margin Money | OWN | Vehicle will be used by Customer or third party | CUSTOMER | Asset Type | GOODS |
| Name of current owner as per RC | GHODWAT COMSUMER PRODUCTS | Name of the Financier, if R.C has Endrmnt | | Registration No. | MH 09 BC5334 | Vehicle Type | USED |
| Vehicle Make | EICHER | Vehicle Model | 10.90 | Year of Manufacture | 2007 | IDV | 530000.00 |
| Tax Expiry On | | FC Expiry On | 24-Jan-2019 | Permit Status | NA | Nature of Permit | National |
| Re-Registered / Duplicate RC | NA | Insurance | COMPRESSIVE | Name of the Insurer | CHOLAMANDALAM MS GENERAL INSURANCE CO LTD | Name of the current policy holder as per Insurance Copy | GHODAWAT COMSUMER PRODUCTS |
| Insurance Expiry Date | 08-Jan-2019 | Form B Extract Encl | | Mention details if it has separate Reg. No. | | | |

Funding Amount

| | | | | | | | | | |
|-------------------------|-------------|-----------------------|-------------------------|-----------------------------|-----------|---------------------------|-----------------------|--------------------------|-----|
| Funding Amount | 350000.00 | LTV % | 66.04 | Tenure | 36 | Reqd Repayable in Months | 36 | Advance EMI | NO |
| IRR % | 22.02 | Processing Fee | 6195.00 | Repayment Mode | NACH - 10 | Insurance Pattern | BY CUSTOMER | Insur Prem Amt Deduction | YES |
| Paymt Favours | Applicant | Payee Name | SHRIMANT HANMANT SHINDE | Paymt to Others details | | | Internal Adjust. Case | No | |
| Adjust. Case Agrmnt No. | | Adjust. Case Cus Name | | Settl. amt & bal as on date | | Any waivers invol. apprvl | NA | REPO Asset | NA |
| CAP Deviation | | | | Group Exposure Deviation | | | | | |
| Disburse based On | RTO Challan | | | Challan No. | | | | | |

Verifications

| | | | | | | | |
|--|-------------|---|-----|---|----------------|---------------------|----------------|
| Dist From Equitas Branch To Applicant House(Kms) | 13 | Dist From Equitas Branch To Applicant Office(Kms) | 13 | Valid DL collected incase of CAT E Customer | NA | De Dupe done | Yes |
| Veh DeDupe Done | Yes | FV to Applicant House | Yes | Field Visit to Applicant Office | No | Field Visit done by | Credit Manager |
| Field Visit Date | 04-Jan-2019 | Status of External FI | NA | | FI Executed by | FRO | |
| FI Reason if Not Applicable) | | | | | | | |

FI Score

| Description | Yes/ No | Remarks |
|--|---------|---------|
| Which Vehicle was he (Customer) driving earlier ? | YES | |
| Does he own commercial vehicle driving licence ? | YES | |
| Field Visit Date | YES | |
| Tele Verification (TVR) for Applicant / Co-applicant | YES | |
| Signature Verification done | YES | |
| What was the applicant's of the earlier vehicle ? | YES | |
| If Yes, is it match with proposed vehicle ? | NO | |
| Vehicle Verification Done | YES | |
| Tele Verification (TVR) for Guarantor | YES | |
| Does the proposed vehicle match with previous experience and application of customer ? | YES | |
| If No, then how is he going to manage vehicle ? | NO | |
| Vehicle Verification Done By (Name & Emp Code) | YES | |
| TVR done by (Name & Emp Code) | YES | |
| Where will this vehicle run / attach / ply ? | YES | |

| Description | Yes/ No | Remarks |
|--|---------|---------|
| Visit By Branch Manager (Name & Emp Code) | YES | |
| Date of Verification | YES | |
| TVR Date | YES | |

Deviation

| DEVIATION TYPE | APPROVER AUTHORITY |
|----------------------------------|--------------------|
| IRR | |
| FI NETURAL | |
| PROCESSING FEE | |
| INSURANCE EXPIRED | AM |
| LTV | |
| INTER STATE RC | |
| CREDIT SHIELD NILL | |
| FC EXPIRED | AM |
| RSD WAIVER | |
| TENURE | |
| FI NEGATIVE | |
| GROUP EXPOSURE | AM |
| IDV IS LOWER THAN FUNDING AMOUNT | |
| AGE | |
| DUPLICATE RC | |
| CIBIL OD | |
| INTERNAL ADJUSTMENT | |

| DEVIATION TYPE | APPROVER AUTHORITY |
|----------------|--------------------|
| GEO LIMIT | |

Recommendations of Credit Manager / Officer

Recommendations of Branch Manager

Recommendations of Approving Authority

Equitas Insurance Calculator - GOODS

| | |
|-------------------------------|------------------------------|
| Customer Name | SHRIMANT HANUMANT SHINDE SHS |
| Branch Name | SANGLI |
| Vehicle Make | EICHER |
| Vehicle Model | 10.90 |
| Date of Registration | 18-Oct-2007 |
| Policy Start Date | 09-Jan-2019 |
| Place of Registration | SANGLI |
| Gross Vehicle Weight in Kg | 8,720.00 |
| Seating Capacity | 0.00 |
| Fuel Type | Diesel |
| Body Type | GOODS CARRIER |
| Reason for Renewal | No Existing Policy |
| (A) | |
| IDV (Rs.) | 530,000.00 |
| Rate (Zone A) (%) | 1.84 |
| Basic Premium (Rs.) | 9,746.70 |
| Extra KGs (Rs.) | 0.00 |
| Basic (Rs.) | 0.00 |
| OD Basic (Rs.) | 9,746.70 |
| Discount - (25.00 %) (Rs.) | 2,436.68 |
| OD Premium (Rs.) | 7,310.02 |
| (B) | |
| TP Premium (Rs.) | 24,190.00 |
| Seating Charge (Rs.) | 0.00 |
| Owner/Driver/Conductor(Rs.) | 800.00 |
| Total TP Premium (Rs.) | 24,990.00 |
| Total | |
| Sub Total (A+B) (Rs.) | 32,300.02 |
| GST (Rs.) | 5,814.00 |
| Total Insurance Premium (Rs.) | 38,114.00 |